

**INTERNET
ACH VENDOR/MISCELLANEOUS PAYMENT
ENROLLMENT/FORM**

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institutions. Failure to provide requested information may delay or prevent the receipt of payment through the Automated Clearing House Payment System.

AGENCY INFORMATION

SOCIAL SECURITY ADMINISTRATION

FEDERAL PROGRAM AGENCY:

SSA 28040001 CCD+
AGENCY IDENTIFIER: AGENCY LOCATION CODE (ALQ): ACH FORMAT:

SOCIAL SECURITY ADMINISTRATION, P.O. BOX 47, BALTIMORE, MD 21235-0047
ADDRESS:

KAREN McCASKILL, OFFICE OF FINANCE, SSA (410) 966-4718
CONTACT PERSON'S NAME: TELEPHONE NUMBER:

FAX NUMBER (410) 965-9248

ADDITIONAL INFORMATION:

PAYEE/COMPANY INFORMATION

NAME: SSN NO. OR TAXPAYER ID NO.:

ADDRESS:

CONTACT PERSON'S NAME: TELEPHONE NUMBER:

FINANCIAL INSTITUTION INFORMATION

NAME:

ADDRESS:

ACH COORDINATOR NAME: (FINANCIAL INSTITUTION REP.) TELEPHONE NUMBER:

NINE-DIGIT ROUTING TRANSIT NUMBER:

DEPOSITOR ACCOUNT TITLE:

☐ CHECKING ☐ SAVINGS

DEPOSITOR ACCOUNT NUMBER: TYPE OF ACCOUNT: (CHECK ONE)

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL: TELEPHONE NUMBER:

OMB NO. 1510-0056 EXPIRATION DATE: 06/30/93 NSN 7540-01-274-9925
SF 3881 (REV. 12/90) PRESCRIBED BY DEPARTMENT OF TREASURY 31 USC 3322, 31 CFR 210

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